


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P93000078980 (8)		
1. Corporation Name BILLY MCGEE & ASSOCIATES, INC.		



Principal Place of Business 321 OLIVE AVE PORT ST LUCIE FL 34952	Mailing Address 321 OLIVE AVE PORT ST LUCIE FL 34952
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12065 Riverbend Rd Suite, Apt. #, etc.		2a. Mailing Address 26 12065 Riverbend Rd Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/08/1993	
22 City & State 23 Port St. Lucie, Florida		27 City & State 28 Port St. Lucie, Florida		4. FEI Number 65-0274622	
24 34984		25 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 34984		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 34984		30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCGEE, BILLY 321 OLIVE AVE PORT ST LUCIE FL 34952				10. Name and Address of New Registered Agent			
81 Name McGee, Billy				82 Street Address (P.O. Box Number is Not Acceptable) 12065 Riverbend Road			
83				84 City Port St. Lucie			
85 Zip Code 34984				86			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Billy McGee (Billy McGee) President DATE 1-10-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGEE, BILLY		1.2 NAME	McGee, Billy			
STREET ADDRESS	321 OLIVE AVE		1.3 STREET ADDRESS	12065 Riverbend Rd			
CITY-ST-ZIP	PT ST LUCIE FL		1.4 CITY-ST-ZIP	Port St Lucie, FL 34984			
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOWELL, WILLIAM		2.2 NAME	Howell, William			
STREET ADDRESS	422 S.E. EVANS AVENUE		2.3 STREET ADDRESS	12065 Riverbend Rd			
CITY-ST-ZIP	PT ST LUCIE FL		2.4 CITY-ST-ZIP	Port St Lucie, FL 34984			
TITLE	ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOWELL, KIM		3.2 NAME	Howell, Kim			
STREET ADDRESS	422 S.E. EVANS AVENUE		3.3 STREET ADDRESS	12065 Riverbend Road			
CITY-ST-ZIP	PT ST LUCIE FL		3.4 CITY-ST-ZIP	Port St Lucie, FL 34984			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Billy McGee (Billy McGee) Pres. DATE 1-10-98 TELEPHONE 561-878-3297

CR2E034 (10/97)